

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/694/176</i>	FILING DATE								
						APPLICANT(S)									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.			DEP.			
1							51								
2							52								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		2				TOTAL IND.								
TOTAL DEP.	4	←	8	←		↓	TOTAL DEP.	↓	↓	↓	↓				
TOTAL CLAIMS	5						TOTAL CLAIMS								